

PLEASE TYPE OR PRINT

Ms.

Mr. Artist

ROBERT A. NELSON

(Last Name Last)

Permanent
Address

3185 WARRINGTON RD.

Street

SHAKER
HEIGHTS

City

44120

Tel. (216) 751-5442

Zip

Area Code

Temporary
Address

SAME AS ABOVE

Street

City

Tel. ()

Zip

Area Code

Permanent address is in what county? _____

Born in Cuyahoga County Yes No

Collaborator NONE
(If Any)

If entries are not accepted or not sold:

- Artist will pick up entries at Museum.
- Museum should dispose of entries.
- Museum should ship entries to artist C.O.D. at this address:

The attached card will be returned to you as notification of acceptance or rejection by the last week in April.

THE RETURNED CARD IS YOUR ONLY RECEIPT TO CLAIM YOUR ENTRIES. Do not lose it.

This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.

Note calendar for delivery and return of objects carefully. It is understood that the Museum will have the right to dispose for its own account any entry not called for by the dates listed below.

It is also understood that accepted entries will remain on exhibition until June 10, 1973.

The submission of entries will be construed as acceptance of all conditions printed in the entry information.

Signature

Robert A. Nelson

L

CATEGORY 1. Paintings 2. Graphics 3. Photography
 ENTRY ONE 4. Sculpture 5. Electric 6. Crafts

Medium or Materials

PENCIL - INK - ASSEMBLAGE

Title "BONE CANNON HILL"

Price or NFS	Insurance Value If NFS Only	Size
200 ⁰⁰	—	32" X 40"

GRAPHICS AND PHOTOGRAPHY ONLY

Additional No. For Sale	Total No. in Edition	Price Unframed	Price of Frames	Additional No. of Frames For Sale
—	—	—	—	—
DO NOT WRITE IN THIS SECTION 243(2)			ACCEPTED	REJECTED <i>(Red checkmark)</i>
			PAID <i>(Red stamp)</i>	BY 1973

CATEGORY 1. Paintings 2. Graphics 3. Photography
 ENTRY TWO 4. Sculpture 5. Electric 6. Crafts

Medium or Materials

PENCIL - INK - ASSEMBLAGE

Title "ARMSCAPE"

Price or NFS	Insurance Value If NFS Only	Size
200 ⁰⁰	—	32" X 40"

GRAPHICS AND PHOTOGRAPHY ONLY

Additional No. For Sale	Total No. in Edition	Price Unframed	Price of Frames	Additional No. of Frames For Sale
—	—	—	—	—
DO NOT WRITE IN THIS SECTION 244 (2)			ACCEPTED <i>(Red X)</i>	REJECTED
			RECEIVED <i>(Red X)</i>	BY <i>(Handwritten)</i>

DO NOT DETACH

1973 MAY SHOW

The Cleveland Museum of Art
Cleveland, Ohio 44106

Please keep address within this box for window envelope.

Name	ROBERT A. NELSON
Address	3185 WARRINGTON ROAD
City & State	SHAKER HEIGHTS-OHIO Zip 44120

PLEASE TYPE OR PRINT.

This is the label that will be used to mail your notification of acceptance or rejection.

CATEGORY 1. Paintings 2. Graphics 3. Photography
ENTRY ONE 4. Sculpture 5. Electric 6. Crafts

Medium or Materials

PENCIL - INK - ASSEMBLAGE

Title "BONE CANNON HILL"

DO NOT WRITE IN THIS SECTION

243(2)

ACCEPTED

REJECTED



166
1973 MAY SHOW

Notification of Acceptance or Rejection

ROBERT A. NELSON

Type or print name of artist

This is your only receipt to claim your object(s).

This notification will be mailed to you following judging.

DO NOT DETACH

CATEGORY 1. Paintings 2. Graphics 3. Photography
ENTRY TWO 4. Sculpture 5. Electric 6. Crafts

Medium or Materials

PENCIL - INK - ASSEMBLAGE

Title "ARMSCAPE"

DO NOT WRITE IN THIS SECTION

244 (2)

ACCEPTED

REJECTED

